

# Organ donation reimaged: Developing interdepartmental workflow to empower staff to improve efficiency and compassionate care

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## Background

Organ recovery cases are performed in our operating room approximately 1-2 times yearly. The majority of OR staff have not had the opportunity to experience these cases. Those who have, commented:

- feeling **disorganized**, **lacking** and **inefficient** in baseline knowledge;
- experiencing an **inability**, **uncertainty** and **disconnect** from normal intraoperative processes, workflow and EMR 'charting by exception'; and
- feeling **discomfort**, **distress** and **concern** due to a change in routine when the donor goes to the morgue rather than to recovery, similar to experiencing secondary victim syndrome

## Objectives & Goals

- **Present** layout of room setup for BD vs. DCD cases
- **Educate** and **review** case-specific differences between BD vs. DCD cases
- **Highlight** legal consents from OPO
- **Design** step-by-step resources for EMR 'charting by exception'
- **Determine** standard workflow in OR during organ recovery cases
- **Clarify** OR-specific staff role expectations
- **Update** procedural preference card
- **Identify** crisis services and emotional support for staff well-being following cases

## Results & Ongoing

- Staff discussion **initiated** regarding new standard work process and role-expectations.
- Provision of **annual** educational opportunities (new and review), including step-by-step instruction.
- **Enhanced** staff understanding for organ recovery process, identification of legal OPO consents and **increased** overall level of confidence and ability.
- **Established** open, ongoing communication with stakeholders for Continuous Quality Improvement (CQI).
- **Maintain** collaboration with interdisciplinary team in departmental, facility and regional capacities regarding future educational needs, such as NRP.

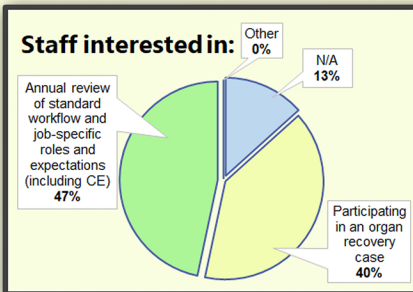
## Terminology

- **OPO** – non-profit, federally-designated **Organ Procurement Organization (OPO)** legally permitted to recover organs from deceased donors for organ transplantation. They provide donor family support, assume clinical management of organ donors and provide professional and public education about the organ donation process.
- **BD** – **Brain Death (BD)** is the complete and irreversible cessation of ALL functions of the brain and brain stem.
- **DCD** – **Donation after Circulatory Death (DCD)** is when a donor with irreversible cessation of circulatory and respiratory functions resulting in death.
- **NRP** – **Normothermic Regional Perfusion (NRP)** is an in situ perfusion of a portion of the donor's body in DCD donors to improve organ function post cessation of circulation.

## Preparation & Planning

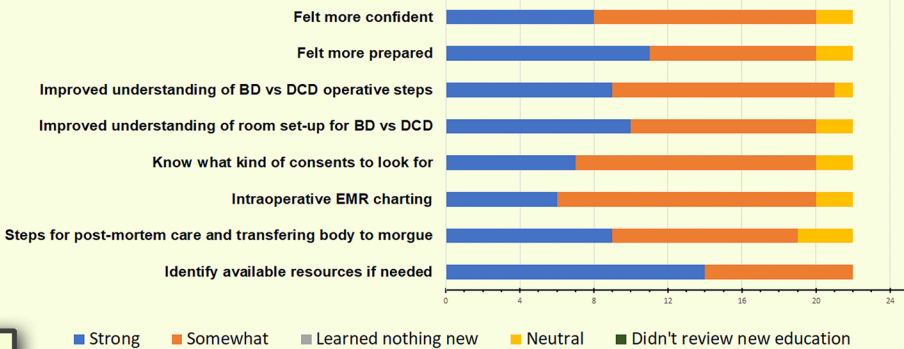


## Staff Response



Refresh of the process  
hardcopy format  
step-by-step  
pictures and visual  
roles and expectations  
understanding  
Lots  
easy  
synopsis in back of book  
Differences  
organized better  
work flow  
don't remember  
pictures and descriptions  
set-ups  
DCD and BD  
Lots of info

## AFTER the new education, employees:



## Challenges

- Continuation of viable **knowledge translation (KT)** to ensure staff maintain clear understanding of new processes and standard workflow.
- Staff buy-in and participation in department education opportunities.
- Organ recovery cases scheduled 1-2 times per year (rare occurrence); hence, not a routine experience for OR staff and will continue to be a challenge.
- Rare exposure to these cases instill a possible unwillingness to be involved in future cases (personal views on organ donation vs. emotional burden).

